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ALEXANDICA,	, VA 22314						(Depositor's name)
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APPLICATION NO.	LICATION NO FU INC DATE		CIDADA LA MASSA DE MASSA DE LA MASSA DEL MASSA DEL MASSA DE LA MASSA DE LA MASSA DE LA MASSA DEL M		(Date)		
10/583,133	FILING DATE 06/16/2006		FIRST NAMED INVENTOR				CONFIRMATION NO.
•		R REMOVEABLY FIXI	Pascal Dupuis NG A STRETCHING RO	D ON A SLIDE	U;	546-1085	1245
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	Accessed to the second constitution of the secon	\$1740	07/08/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				*
DAVIS, ROBERT B		1791	425-182000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  SIDEL PARTICIPATIONS  Octeville sur Mer, France							
Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government							
4a. The following fee(s) a  X Issue Fee  X Publication Fee (No		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).					
5. Change in Entity State  a. Applicant claims	us (from status indicated SMALL ENTITY statu	(if necessary)  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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Typed or printed name Benoit CASTEL #35,041 Registration No. #35,041							
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